

FIRE PROTECTION IMPAIRMENT PERMIT

INSTRUCTIONS: The REQUESTOR shall complete this form for any work activity that requires a fire protection system (e.g., fire alarm, sprinkler, fire suppression system, etc.) or component (e.g., smoke detector, horn/strobe) to be impaired in order to perform work or to prevent the accidental evacuation of building occupants. Submit FIRE PROTECTION IMPAIRMENT PERMIT (FPIP) by e-mail or hand-written to the Sandia Construction Observer (SCO); or to SNL Planner if no SCO is assigned. The SCO e-mails FPIP to the SNL Planner for coordinating the time of the requested impairment with maintenance personnel. Upon receipt of FPIP by SNL Planner, **allow 2 working days for Electrical impairment approval; 5 working days for Mechanical impairment approval from the Submit Date listed on form. Impairment will be canceled if person performing work is not present at main fire alarm control panel in impaired building within 15 minutes of scheduled impairment start time.** FPIPs are valid for five (5) days, unless authorized otherwise by Fire Protection Engineering.

INSPECTOR (SCO): _____ PROJECT/ TASK #: _____ SUBMIT DATE: _____

REQUESTOR: _____ PHONE #: _____

COMPANY / ORG: _____ CELL PHONE / PAGER #: _____

BUILDING: _____ LOCATION / ROOM #: _____

DESCRIBE WORK THAT REQUIRES AN IMPAIRMENT: _____

Check all the applicable boxes below and provide the information requested.

Work Activities Requiring an Impairment

- ☐ Dust / Fume Generating Activities
- ☐ Welding / Soldering
- ☐ Demolition / Remodeling Space
- ☐ Device / System Out of Service
- ☐ Outage to FP Water Supply
- ☐ Fire Hydrant Out of Service

- ☐ Add / Remove Fire Alarm Devices
- ☐ FACP Programming
- ☐ Sprinkler System Modifications
- ☐ Maintenance Impairment
- ☐ Service Contract Impairment
- ☐ _____

Fire Protection System Impaired

- ☐ FP Water Supply
- ☐ Sprinkler System
- ☐ Fire Alarm System
- ☐ Fire Suppression System
- ☐ HSSD Air Sampling System
- ☐ _____

Enter qty. and type of devices being added/removed: _____

Enter device ID numbers / zone(s) to be disabled: _____

IMPAIRMENT DURATION

REQUESTED START DATE: _____ TIME: _____ PLANNED END DATE: _____ TIME: _____

Can work requiring the fire protection impairment be completed within standard working hours? ☐ YES ☐ NO

If NO, enter the Project/Task number for SNL maintenance support reimbursement: PROJECT: _____ TASK: _____

Is this a multiday impairment that is restored at end of each work day? ☐ YES ☐ NO

If YES, enter daily start time: _____ ; end time: _____

SANDIA USE ONLY

Is Hot Work being performed in area of impairment? ☐ YES ☐ NO If YES, enter Hot Work Permit #: _____

Fire Watch Start Date: _____ Fire Watch End Date: _____ Fire Watch Patrol Frequency: _____

Type of Impairment: ☐ SCHEDULED ☐ UNPLANNED ☐ MAINTENANCE FPIP ID: _____

IMPAIRMENT COORDINATOR / FIRE PROTECTION ENGINEERING APPROVAL: _____

SPECIAL INSTRUCTIONS:

ACTUAL IMPAIRMENT

START DATE: _____ TIME: _____

END DATE: _____ TIME: _____

PERSON PERFORMING WORK (print name)

(must be present at start of impairment)

MAINTENANCE PERSON PERFORMING IMPAIRMENT

E-Mail Form To:

Inspector (SCO) listed on form

E-Mail Address

fireimp@sandia.gov (outside SNL); FP-IMPAIRMENTS (SNL)